

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEES DETERMINATION	MM	10031	7/22/00
CAL & CLASSIFER		C9	7/26/00
FORMALITY REVIEW	MM	PS1	07/26/00
RESPONSE FORMALITY REVIEW	MJL	615	12-02-00

INDEX OF CLAIMS

✓	Rejected	N	Non-elected
—	Allowed	I	Indiscreet
- (Through number)	Canceled	A	Appeal
♦	Restricted	O	Objected

APPLICATION NO
09/615791

Dong-Sun

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TITLE

CROSS

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CIRCLES The name of the
inventor(s) has been deposited The name of the
and address required
of U.S. Patent Off. The number
the patent issued

EXAMINER:

The Examiner whose
name appears above is

S/ SIGNATURE

MM

Claim	Date	Claim	Date	Claim	Date
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If more than 150 claims or 10 actions
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